



PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Application No.: 10/675,907
Filing Date: 9/29/03
Applicant: Roy J. Doecker et al.
Group Art Unit: 3742
Examiner: Not Yet Assigned
Title: COMPRESSOR PULSE WIDTH MODULATION
Attorney Docket: 0315-000452/REA

Commissioner for Patents
P.O. Box 1450
Alexandria, Virginia 22313-1450

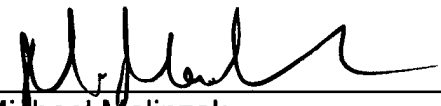
STATUS INQUIRY LETTER

Please advise when we may expect an Office Action in the above identified application.

Respectfully submitted,

Dated: April 5, 2006

By: _____


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TRANSMITTAL FORM (to be used for all correspondence after initial filing)		Application Number	10/675,907
		Filing Date	9/29/03
		First Named Inventor	Roy J. Doepker et al.
		Art Unit	3742
		Examiner Name	Not Yet Assigned
Total Number of Pages in This Submission		Attorney Docket Number	0315-000452/REA

ENCLOSURES (check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Technology Center (TC) <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input checked="" type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Acknowledgment Postcard
Remarks: The Commissioner is hereby authorized to charge any additional fees that may be required under 37 CFR 1.16 or 1.17 to Deposit Account No. 08-0750. A duplicate copy of this sheet is enclosed.		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm or Individual name	Harness, Dickey & Pierce, P.L.C.	Attorney Name	Michael Malinzak
Reg. No.	43,770		
Signature			
Date	April 5, 2006		

CERTIFICATE OF TRANSMISSION/MAILING			
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Typed or printed name	Michael Malinzak	Express Mail Label No.	EV 853 855 992 US (4/5/2006)
Signature		Date	April 5, 2006

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